



REPUBLIC OF KENYA

**REPORT OF THE KENYA DELEGATION ON
PARTICIPATION IN THE 58TH SESSION OF THE UNITED NATION (UN)
COMMISSION ON POPULATION AND DEVELOPMENT (CPD)**



**HELD AT THE UNITED NATIONS HEADQUARTERS, NEW YORK
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1 Acknowledgement

The Kenya delegation extends its deepest gratitude to all those who contributed to their participation in the 58th Commission on Population and Development (CPD) Session held in New York from 7-11 April, 2025.

Sincere appreciation goes to the National Treasury and Economic Planning, particularly the State Department for Economic Planning and the Ministry of Health for their invaluable assistance in reviewing the country statements presented during the session. Their expertise provided through several preparatory engagements led by the Director General of the National Council for Population and Development (NCPD) contributed greatly to the success of the team. This ensured that the contributions made at the CPD were well-informed and impactful.

The unwavering support from the Government of Kenya through the Ministry of Foreign and Diaspora Affairs is also acknowledged. The efforts made by the team at the Ministry were instrumental in facilitating the delegation travel clearance and engagement.

The delegation is profoundly grateful to the United Nations Population Fund (UNFPA) Kenya Country Office, Partners in Population and Development (PPD), African Institute of Development Policy (AFIDEP) and the Centre for the Study of Adolescence (CSA) for their technical and generous financial support, which made their participation possible.

The immense consultations and contributions of our partners whose inputs significantly improved the quality of the country statements delivered during the session is highly recognized. Their collaboration and insights were crucial to the success of the team.

Lastly, heartfelt thanks goes to the team from the Kenya Permanent Mission to the United Nations in New York for their exceptional technical and operational support. Their dedication and professionalism greatly enhanced the experience and effectiveness at the sessions.

The Kenya delegation was led by Dr. Mohamed Sheikh, Director General of the National Council for Population and Development, accompanied by Mr. Ken Lwaki, Assistant Director, NCPD, Ms. Irene Muhunzu, Assistant Director, NCPD and Amb. Yabesh Monari, Deputy Permanent Representative from the Permanent Mission of Kenya to the United Nations.

2 Introduction

This report provides an overview of Kenya's participation in the 58th Session of the United Nations Commission on Population and Development (CPD58), held from 7th to 11th April, 2025 at the United Nations Headquarters in New York, United States of America. The session, themed, "***Ensuring health lives and well-being for all at all ages***" saw participation from member state representatives, observers from other states, members of the UN, non-member States, intergovernmental organizations, as well as representatives from the UN system organizations and non-governmental organizations. The Kenya delegation was led by Dr. Mohamed Sheikh, Director General of the National Council for Population and Development, accompanied by Mr. Ken Lwaki (Assistant Director) from NCPD, Ms. Irene Muhunzu (Assistant Director) from NCPD and diplomats Amb. Yabesh Monari (Deputy Permanent Representative) and Mr. Ronny Mutethia (Minister-Counsellor) from the Permanent Mission of Kenya to the United Nations.

This session provided an important platform for Kenya to:

- Showcase national progress and reaffirm its commitment in implementation of the 1994 ICPD Programme of Action (PoA) as well as the ICPD25 commitments
- Share experiences and best practices in integrating Population, Health and Environment (PHE) into development planning.
- Engage in dialogue with other member states and partners on best practices and innovations.
- Strengthen international partnerships for achieving global goals including SDGs.

This report therefore highlights Kenya's key interventions, participation in plenary and side events, bilateral engagements, and the outcomes relevant to advancing the country's population and development agenda. It also outlines lessons learned and recommendations for enhancing Kenya's engagement in future global processes on population and development.

Objectives of participation

The main objectives of Kenya's participation at CPD58 were to:

- i. Advocate for the integration of population, health and Environment (PHE) into development plans and strategies through the PHE side event that was hosted and convened by Kenya.
- ii. Share Kenya's progress, best practices, and challenges in implementing the ICPD POA and ICPD25 commitments with focus on health and well-being

- iii. Strengthen Kenya's visibility and leadership in global population and development dialogues.
- iv. Foster partnerships and collaborations with other Member States, UN agencies, and development partners in implementing the National Population programme including support for operationalization of the Centre of Excellence on Population and Development
- v. Influence global commitments and decisions in line with Kenya's national interests and priorities.

3 Background

The Commission on Population and Development (CPD), a functional body under the United Nations Economic and Social Council (ECOSOC), originated as the Population Commission following the adoption of Resolution 3 (III) on October 3, 1946. Later, the United Nations General Assembly renamed it the Commission on Population and Development through Resolution 49/128 on December 19, 1994. Its mandate includes monitoring, reviewing, and evaluating the implementation of the Programme of Action established at the International Conference on Population and Development (ICPD), spanning national, regional, and global levels.

The CPD serves as a platform for Member States, UN agencies, and civil society organizations to convene discussions on population and development matters, exchange best practices, and devise strategies to tackle emerging challenges. Annually, the Commission conducts sessions at the United Nations Headquarters in New York, USA, where progress in population and development initiatives is reviewed and experiences shared. These sessions also offer an opportunity for Member States to highlight their national priorities and concerns regarding population and development.

Through active engagement in discussions and interventions, delegations ensure that the specific needs and circumstances of their respective countries are considered in global policy deliberations. Additionally, they strive to ensure that national policies are aligned with international best practices and priorities gleaned from these forums.

4 General Debates and Statements

The 58th Session commenced with opening remarks from the Commission Chair, Ms. Catharina Jannigje Lasseur of the Kingdom of the Netherlands. In her opening statement, Ms. Katja Lasseur, Chair of the 58th CPD session, reaffirmed that health is a fundamental human right and a prerequisite for sustainable development. She acknowledged progress in global health, such as reductions in maternal and child mortality and increased life expectancies, but emphasized that many health-related targets remain unmet. Lasseur called for renewed commitment to achieving health equity worldwide. **Ms. Katja Lasseur, Chair of the 58th CPD session**, opened the proceedings by reaffirming that health is a fundamental human right and a prerequisite for sustainable development. She

acknowledged progress in global health, such as reductions in maternal and child mortality and increased life expectancies, but emphasized that many health-related targets remain unmet. Lasseur called for renewed commitment to achieving health equity worldwide.

The opening session also featured statements by distinguished speakers including Mr. Guy Ryder, Under-Secretary-General for Policy in the Executive office of the Secretary General who was present on behalf of the Deputy Secretary-General; Dr. Natalia Kanem, Executive Director of the United Nations Population Fund; and Mr. Li Juhua, Under-Secretary-General for Economic and Social Affairs of the Department of Economic and Social Affairs at UN DESA. Additionally, a special presentation was given by H.E. Mr. Abdoulaye Bio Tchan'e, Minister of State for Planning and Development, Benin, while a keynote address was delivered by H.E. Ms. Harini Amarasuriya, Prime Minister of the Democratic Socialist Republic of Sri Lanka via a video link.

Mr. Guy Ryder, Under-Secretary-General for Policy, highlighted the uneven progress in global health outcomes, noting significant gains in life expectancy and reductions in child mortality and HIV cases. He stressed that these improvements demonstrate what is possible with sustained political will and investment. Ryder called for unlocking the scale and quality of financing needed to drive investments, alleviate debt burdens, and protect economies from external shocks, emphasizing the need for reform in the international financial architecture.

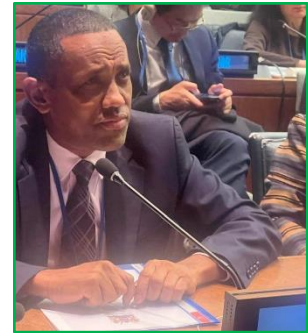
Dr. Natalia Kanem, Executive Director of UNFPA, delivered a passionate appeal for immediate action to uphold the rights and health of women and girls. She emphasized the urgency of ending preventable maternal deaths and ensuring universal access to sexual and reproductive health services. Kanem highlighted the importance of collective action and the need to prioritize the health and well-being of all individuals, particularly



Mr. Li Junhua, Under-Secretary-General for Economic and Social Affairs, underscored the interconnectedness of health, population dynamics, and sustainable development. He emphasized the importance of integrating population issues into broader development strategies and called for strengthened partnerships and international cooperation to address global challenges effectively. Li highlighted the need for comprehensive data collection and analysis to inform policy decisions and ensure that no one is left behind in the pursuit of sustainable development.

Kenya's country statement was presented by Dr. Mohamed A. Sheikh, the head of the delegation and Director General of the National Council for Population and Development (Annex1). The highlights of the statement include: -

1. Kenya reaffirmed its dedication to the 1994 ICPD Programme of Action and the ICPD25 Nairobi Summit commitments, emphasizing equitable, accessible, and quality healthcare as a constitutional right.
2. Through the "Afya Bora Mashinani" and redesigned "Taifa Care" initiatives, Kenya is expanding UHC with a strong focus on PHC. Over 107,000 Community Health Promoters have been deployed to enhance access at the household level.
3. Notable achievements in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) which includes increased contraceptive use, reduced fertility and maternal mortality rates, higher skilled birth attendance, and a decline in teenage pregnancies and child mortality rates.
4. Significant gains have been made in combating HIV/AIDS, TB, and malaria. HIV prevalence declined to 3.3% in 2023, with near-achievement of global targets. TB incidence dropped by 20%, and malaria prevalence and mortality have also decreased significantly.
5. Kenya is targeting a 25% reduction in premature non-communicable diseases (NCD) - related mortality by 2025. Currently, 81% of health facilities manage major NCDs, and mental health services have expanded, with referral units in many counties and specialized care in 45% of Level Four hospitals.
6. Despite progress, challenges remain such as regional disparities, funding limitations, and emerging health threats. Kenya emphasizes strengthening global partnerships, including through South-South and Triangular Cooperation, to advance health and development goals ahead of the 2025 World Summit for Social Development.



Collectively, these statements reinforced the central theme of the session: "Ensuring healthy lives and promoting well-being for all at all ages." The leaders called for renewed commitment, increased investment, and collaborative efforts to achieve health equity and uphold the rights of all individuals, emphasizing that health is not a privilege but a fundamental human right essential for sustainable development.



Key highlights that emanated from the general debate of the 58th session of the commission of population and development

- Health is a fundamental human right recognized by the UN and WHO since 1946.
- The ICPD Programme of Action calls for universal access to basic healthcare.
- SDG 3 aims to ensure healthy lives and well-being for all at all ages.
- Global life expectancy in 2025 is 73.5 years, with wide disparities across regions.

- Many health-related SDG targets are off track and require urgent action.
- Under-5 mortalities have been reduced by over 50% globally since 2000.
- Infectious diseases remain the leading cause of child deaths in LICs.
- Access to clean water, sanitation, and hygiene (WASH) is still inadequate in many regions.
- Childhood nutrition during the first 1,000 days is critical for long-term health.
- Stunting is declining, but wasting and childhood obesity are rising in many LMICs.
- Early childhood interventions improve educational outcomes and productivity.
- Adolescents and youth face high risks from road traffic injuries, violence, and self-harm.
- One in seven adolescents worldwide experiences a mental health condition.
- Adolescents face challenges in accessing sexual and reproductive health information.
- Adolescent pregnancies are still high in sub-Saharan Africa, with lifelong impacts.
- Use of modern contraception is increasing globally but remains low among teenagers.
- Maternal mortality remains high, especially in Low Income Countries (LICs), and progress has stagnated since 2015.
- Universal Health Coverage (UHC) is not on track; over half the world lacks essential services.
- Out-of-pocket (OOP) health spending pushes millions into poverty.
- The burden of non-communicable diseases (NCDs) is rising across all age groups.
- Mental health and chronic diseases are underfunded and under-addressed in many systems.
- Occupational injuries and diseases are a major cause of death and disability globally.
- The global health workforce is facing a shortage of 10 million workers by 2030.
- Population ageing is accelerating, especially in LMICs, straining health systems.
- Older persons face high levels of disability, chronic diseases, and loneliness.
- Digital health, e-health, and telemedicine are vital tools for reaching underserved populations.
- Health financing remains inequitable; LICs rely heavily on external aid and OOP spending.
- Climate change, pandemics, and conflicts are major threats to health system resilience.
- Strong primary healthcare (PHC) systems are critical for delivering inclusive, cost-effective care.
- A life course approach and data-driven policies are essential to build equitable, resilient health systems.

5 High-level Panels

Kenya Championed for population and development agenda at the UN CPD58 in the following high-level panels, round-table meetings, bi-lateral meetings and side events.

5.1 High-level Expert Panel at CPD58 on Population Programme of Work

Kenya reaffirmed its leadership in global population and development dialogue during the 58th Session of the UN Commission on Population and Development (CPD58) held at UN Headquarters in New York. On April 10, 2025, Dr. Mohamed Sheikh, the head of Kenya delegation was honored to form part of a high-level expert panel during the ongoing 58th Session of the UN Commission on Population and Development (CPD58) in New York. The panel, themed “Ensuring healthy lives and promoting well-being for all at all ages,” was moderated by Mr. John Wilmoth, Director of the UN Population Division, and brought together global experts to review the UN Population Division’s work. Fellow panelists included Ms. Mareeca Brown Bailey, Director of Population and Health at Jamaica’s Planning Institute (PIOJ), and Ms. Anisa Muça Omuri, Director of Social Statistics at Albania’s National Institute of Statistics (INSTAT).

While responding to the to a question on major demographic issues affecting Kenya and Africa, Dr. Sheikh outlined several critical trends. He noted Africa’s rapid population growth, currently at 1.54 billion and projected to reach 2.4 billion by 2050. Kenya’s population, similarly, has grown from 47.6 million in 2019 to an estimated 53 million and is projected to reach 70 million by 2045.



He emphasized disparities in fertility levels, explaining that Kenya’s average fertility rate declined from 5.4 in 1993 to 3.4 in 2022, though regional variations remain. He highlighted Kenya’s youthful population of over 75% as both a demographic dividend and a challenge, particularly regarding job creation, education, and health services. Life expectancy has also increased, rising in Kenya from 58 years in 2009 to 61 years in 2019.

On maternal and child health, Dr. Sheikh reported progress, with under-five mortality falling from 90 per 1,000 live births in 1989 to 41 in 2022. However, maternal mortality remains a concern, currently at 355 per 100,000 live births. He also addressed rapid urbanization, noting that Kenya’s urban population rose from 3.9 million in 1989 to 14.8 million in 2019, driven by rural-urban migration and resulting in the growth of informal settlements.

In the second round, Dr. Sheikh discussed Kenya’s use of data from the UN Population Division. He noted that Kenya has adopted the Population Administration Decision Information System (PADIS), developed with support from the **China Population and**

Development Research Centre (CPDRC) through South-South Cooperation, to generate population projections. He stressed that the Population Division's data and reports have been crucial in setting targets for initiatives like FP2030, where Kenya serves as a regional focal point. He added that Population Division products have also informed national reports such as the State of Kenya Population and reviews of the Addis Ababa Declaration on Population and Development, offering comparative insights for international engagement. Dr. Sheikh concluded by urging the Population Division to enhance the timely dissemination of its data and strengthen collaboration with national population agencies to improve access and use of their products.

5.2 High-level Round-table Meeting on Geneva Consensus Declaration (GCD)

The Kenya delegation participated in a closed-door side event on, "Advancing the Geneva Consensus Declaration" that was organized by the United States and Hungary to advance the Geneva Consensus Declaration (GCD) at the CPD58. The event that was held on Thursday, 10th April, 2025, at the United Nations Plaza in New York, brought together 39 countries committed to promoting health and development outcomes that uphold life, dignity, and the family. It emphasized protecting life at all stages, securing health gains for women, and recognizing the family as the fundamental unit of society. The roundtable served as a platform for participants to share experiences and explore ways to strengthen GCD engagement both nationally and globally.

Kenya was represented by Dr. Mohamed Sheikh, Director General of the National Council for Population and Development (NCPD), and Mr. Ken Lwaki, Assistant Director for ICPD Implementation. Dr. Sheikh highlighted provided an intervention where he emphasized the recognition provided by the Country's Constitution on the family as the natural and fundamental unit of society and accords it protection by the State. To safeguard vulnerable groups within families, he highlighted the government's commitment to social protection, particularly the success of the "Inua Jamii" cash transfer programme which supports vulnerable households.

He reaffirmed Kenya's alignment with the core objectives of the Geneva Consensus Declaration (GCD), particularly in promoting women's health and rights. Dr. Sheikh noted ongoing policy efforts to improve maternal and child health, enhance access to healthcare services, protect women's dignity, and uphold the right to life—all of which have contributed to reductions in maternal and infant mortality rates. He further, pointed out that the Constitution also protects children's rights to parental care, which affirms the family's essential role in nurturing future generations. Interventions targeting adolescent reproductive health have led to a decline in teenage pregnancy, although more effort is needed.

Acknowledging global demographic and socio-economic shifts that are impacting family structures, Dr. Sheikh reported that the Government of Kenya commissioned a "Kenya

Family Study” in 2022. The study began with two pilot counties of Murang’a and Kwale to examine evolving family dynamics. He concluded by calling for enhanced international cooperation through technical assistance, financial support, and knowledge-sharing to strengthen and scale up these family-focused initiatives. Specifically, he appealed for support in expanding the Kenya Family Study to all 47 counties in the country.

The event concluded with a strong recommitment by participating nations to uphold the values of the GCD in shaping population and development policies in line with their national contexts. The roundtable concluded with a renewed pledge from all participating countries to strengthen cooperation including **South-South Cooperation** and advance the GCD agenda in alignment with national priorities.



Dr. Mohamed Sheikh, Director General of NCPD giving his speech during a closed-door roundtable to advance the Geneva Consensus Declaration (GCD) in New York

6 Bi-lateral Meetings

6.1 Kenya and AU official engagement

The Director General of the National Council for Population and Development (NCPD)-Kenya held a bilateral meeting on 7th April 2025 with an African Union (AU) official Mr. Linton Mchunu the Senior Advisor, African Union Development Agency - NEPAD to explore pathways for strengthening regional cooperation on population and development. Mr. Linton is the former Director General of Social Development, South Africa. Discussions centered on:

1. Seeking AU's support for institutionalizing the Regional Collaborative Platform (RCP) to be anchored on AU principles and development aspirations
2. Aligning RCP countries' efforts with AU's Agenda 2063 framework to secure funding, particularly focusing on harnessing the demographic dividend through strategic investment in SRH needs of the populations, advancing youth empowerment, and strengthening policy coordination across countries
3. Advocate for establishing NCPD as a Centre of Excellence for:
 - Capacity building in population and development including policy development, integrating demographic dividend into development planning;
 - Research, population projections and data utilization;
 - Knowledge sharing and dissemination of best practices, as seen in Kenya's success in convening multi-sectoral partnerships and programs

The meeting highlighted Kenya's robust experience in convening stakeholders across sectors and its readiness to serve as a hub for technical assistance and innovation in the region

6.2 Participation of the Regional Collaborative Platform (RCP) Member States at the UN CPD 58th Session

A number of RCP member states actively participated in the ongoing 58th Session of the United Nations Commission on Population and Development (CPD-58) at the UN Headquarters in New York. These included Kenya, the Gambia, Malawi, Uganda, South Africa, Nigeria, Zimbabwe, Zambia and Ghana. The session, running from 7th to 11th April 2025, focused on the theme: "Ensuring healthy lives and promoting well-being for all at all ages." The delegation was engaged in crucial discussions on accelerating progress towards achieving population and development agenda of 2030 SDGs and ICPD commitments. A recommendation was raised by RCP member states to organize for a RCP side event in the next UN CPD 59th Session.



RCP Members from Kenya, Nigeria, Zambia, Zimbabwe, the Gambia, Ghana pose for photos

6.3 PPD Board Members: Kenya and the Gambia

A bilateral meeting was convened between the Partners in Population and Development (PPD) Board Members representing Kenya and The Gambia on the sidelines of the 58th Session of the Commission on Population and Development (CPD58). The meeting aimed to deliberate on the governance and financial challenges currently facing PPD and explore collaborative ways to restore the organization's operational stability and credibility.

Key Issues Discussed:

a) Withdrawal of UNFPA Funding

The two delegations expressed deep concern regarding the recent withdrawal of core funding by the United Nations Population Fund (UNFPA) from PPD due to failure to appoint a substantive Executive Director despite elections having been held. It was noted that this withdrawal has severely affected the functioning of PPD office, undermining its ability to fulfil its mandate on South-South Cooperation.



b) Delay in Payment of Annual Member Subscriptions

It was observed that many member countries have delayed or suspended their annual contributions. This was largely attributed to the prolonged leadership vacuum at PPD. Past internal tensions and a toxic working environment were also cited as contributing factors to the erosion of trust among member states.

c) Leadership and Governance Challenges

The absence of clear succession protocols in cases where the Chair or Executive Director is unavailable was identified as a major structural weakness. Both parties agreed that the lack of institutional clarity and accountability mechanisms had resulted in stagnation and operational inefficiencies.

Resolutions and Agreed Action Points:

a) Engagement with Acting Leadership

The delegations agreed to initiate immediate engagement with the newly appointed Officer in Charge (OIC) at PPD Headquarters who is also the acting Director of the PPD Africa Regional Office (ARO). The objective is to gain a comprehensive update on the current institutional state and facilitate the following.

1. Formal Communication to PPD Leadership through OIC

The Minister of Health of The Gambia, who also serves as a member of the PPD Board and Executive Committee, committed to draft and send a formal letter to the Chair of PPD as soon as possible. The letter will be copied to:

- 1) All PPD Board Members
- 2) The PPD Treasurer (Republic of Tunisia)
- 3) UNFPA Representatives

The letter will request the convening of an emergency physical meeting, if possible, of the PPD Board to:

- 1) Re-examine the current governance structure
- 2) Review the PPD Constitution and related statutory documents
- 3) Establish succession guidelines (e.g., enabling the Vice Chair to assume office in the absence of the Chair)
- 4) Address gaps and loopholes in leadership, transparency, and accountability
- 5) Expedite the appointment of PPD Executive Director

b) Strategic Meeting with Bangladesh

The duo proposed to hold a subsequent bilateral meeting with the Minister for Health and Family Welfare of the People's Republic of Bangladesh, the host country of PPD Headquarters. The meeting will focus on discussing how the Government of Bangladesh can continue to support PPD while safeguarding its independence and operational integrity, free from undue interference.



c) Conclusion and Way Forward

The meeting concluded with a shared commitment to uphold the founding principles of PPD—mutual respect, shared responsibility, and South-South collaboration. The Board Members of Kenya and The Gambia reaffirmed their dedication to institutional reform, enhanced governance, and financial sustainability. The two countries to mobilize support among other Board Members for the emergency meeting.

7 Side Events

7.1 Population, Health and Environment (PHE) Side Event

7.1.1 Introduction

The Government of Kenya through the National Council for Population and Development (NCPD) in partnership with the UNFPA Kenya country office, the Government of Malawi, African Institute of Development Policy (AFIDEP), the Centre for the Study of Adolescence (CSA), and Partners in Population and Development (PPD), convened a high-level side event at Conference Room 12 under the theme *"Integrating Population, Health, and Environment (PHE): A Catalyst for healthy lives and well-being."*



The session brought together over sixty (60) global leaders, technical experts, and development partners in a dialogue aimed at exploring and promoting the integration of PHE as a transformative development approach. Also in attendance was Dr. Habibatu Drammeh the Minister of Basic and Secondary Education of the Gambia, Mr. Saidur Rahman, Social Minister from the Government of Bangladesh and Mr. Ambassador Yabesh Monari Deputy Permanent Representative of Kenya to the United Nations. The event sought to address the interlinkages between human populations, health systems, and the environment, while showcasing practical, country-level best practices and innovations that can be scaled up post-ICPD30. It served as a platform to exchange lessons and good practices from Kenya, the Gambia, Bangladesh and Malawi on how integrated PHE approaches can lead to healthy populations, environmental conservation and resilient ecosystems.

The event not only showcased Kenya's leadership and commitment to integrated development but also served as a platform for fostering regional and global collaboration, sharing best practices, and galvanizing political support as the world moves beyond ICPD30. The discussions reaffirmed the importance of PHE integration in creating resilient communities and achieving transformative outcomes in health, environmental sustainability, and demographic transition.

7.1.2 Event modality

The side event was structured to explore and promote the Population, Health, and Environment (PHE) integrated approach as a development model that addresses the interconnectedness between human population, their health, and the environment. By sharing country-level best practices, identifying opportunities beyond ICPD30, and addressing existing challenges, the session sought to highlight how multi-sectoral collaboration and coordination could create synergies that accelerate progress toward achieving improved demographic, health, and environmental outcomes.

The event commenced with an opening ceremony segment that involved opening remarks from key speakers who underscored the importance of integrated approaches in development planning. These remarks set the tone for the discussion and reaffirming the commitment to advancing PHE



as a cross-cutting development strategy. This was followed by a five-minute captivating PHE video documentary which set the stage by showcasing practical PHE integration application in Kenya. The panel discussion, followed shortly after the video under the guidance of the moderator who facilitated smooth transitions between speakers while maintaining a focused and timely engagement. Panellists representing Kenya, Bangladesh, and Malawi shared their respective country experiences, each illustrating how the PHE model was being implemented to address local and national development priorities. A set of two guided questions was directed to each panel. The audience was given time to direct comments, concerns and questions in a five-minute session which was followed by a moderator summarised conclusion.

7.1.3 Event output

Opening session

The event was moderated by Ms. Irene Muhunzu, Assistant Director at the National Council for Population and Development (NCPD-Kenya) who started by providing the objectives and intended outcome of the event. She conveyed the unfortunate absence of Dr. Zulu Eliya of AFIDEP and Patrick Mugirwa of PPD who were scheduled to deliver the key note address and opening remarks respectively. Their absence was due to un-avoidable circumstances. A welcome



note was made from Dr. Mohamed Sheikh, Director General of NCPD-Kenya, who began by expressing gratitude to the event's co-hosts, including UNFPA Kenya, the Centre for the Study of Adolescence, the Government of Malawi, the African Institute for Development Policy, and Partners in Population and Development. He highlighted the significance of PHE integration and described it as a holistic, people-centered, and planet-sensitive approach that simultaneously addresses human health, environmental conservation, and socio-economic resilience. He noted that in Kenya, the NCPD coordinates the national PHE program through a network of actors, technical working groups at the county level, and a national policy steering committee, facilitating dialogue, policy formulation, and strategic interventions.



Dr. Sheikh outlined Kenya's achievements in PHE integration, including the development of two strategic plans (2018–2022 and 2023–2027), incorporation of PHE into the country's Vision 2030 Medium-Term Plans, capacity building for stakeholders, advocacy efforts, resource mobilization, and documentation of successful models. Despite these strides, he acknowledged challenges such as the absence of a robust monitoring and evaluation system and insufficient funding, which hinder the scaling up of successful PHE interventions. To address these

issues, Dr. Sheikh called for the establishment of an integrated M&E system, institutionalization of PHE through a national policy framework, and positioning the NCPD as a Centre of Excellence on Population and Development to enhance regional leadership and knowledge sharing.

In conclusion, Dr. Sheikh urged participants to actively engage in discussions, share insights, and collaborate in advancing integrated development solutions that ensure no one is left behind, thereby securing healthier people and a healthier planet for future generations.



Opening remarks were delivered by Mr. Shelton Kanyanda, Commissioner of Statistics from the Government of Malawi, and Mr. John Wilmoth, Director of the United Nations Population Division. In his address, Mr. Wilmoth emphasized the intricate connections between population dynamics, health systems, and environmental factors, highlighting their collective impact on sustainable development. He discussed how demographic changes such as population growth, aging,

and migration affect health service demands and environmental pressures, underscoring the need for integrated strategies. Wilmoth noted that integrating population, health, and environmental considerations can lead to improved healthcare access, sustainable livelihoods, enhanced environmental stewardship, and increased community resilience to climate change. However, he acknowledged obstacles in applying integrated approaches,

including securing sustained funding, ensuring cross-sector coordination, building local capacities, fostering supportive policies, and gaining community trust.

Looking ahead to the next CPD session's theme on "Population, Technology, and Research in the Context of Sustainable Development," Wilmoth highlighted the potential of technology such as statistical software, geographic information systems, and artificial intelligence in analyzing data to inform policies. He also mentioned the role of e-health, telemedicine, and digital platforms in expanding healthcare access and raising awareness. He concluded by encouraging participants to embrace integrated thinking, share innovative practices, and develop solutions that connect sectors and stakeholders to promote health and resilience, paving the way toward a sustainable future for all.

Speaking on behalf of Mr. Zimpita, The Principal Secretary for Economic Planning of Malawi, Mr. Shelton Kanyanda, expressed gratitude to the National Council for Population and Development of Kenya for their leadership in organizing the event, and acknowledged the support of other co-hosting partners. He emphasized that PHE approach, he noted, offers a robust framework to address health, economic, and environmental interlinkages through integrated, cross-sectoral solutions. Highlighting the country's vulnerability to climate-induced disasters, Mr. Kanyanda referenced recent events such as Tropical Storm Ana and Cyclones Idai, Gombe, and Freddy, which have caused significant economic shocks and strained health systems. He stressed that an integrated approach to population, health, and environment is not optional but imperative for resilience and sustainable development.

Mr. Kanyanda outlined Malawi's strategies for integrating PHE, including: Strengthening preparedness and response mechanisms for climate-related health emergencies, such as enhancing Early Warning Alert and Response Systems (EWARS); Implementing community-based interventions like Community-Led Total Sanitation (CLTS), management of malnutrition, malaria prevention through Long-Lasting Insecticidal Nets (LLINs) among others; Promoting climate-resilient water and sanitation facilities and technologies.; Investing in climate information services, establishing functional emergency response teams, and conducting regular drills and simulations.; Building capacity of frontline workers to provide health services, including maternal and newborn health, in humanitarian settings impacted by climate change; Constructing climate-proof and resilient health infrastructure to withstand extreme weather events and Developing a Pandemic Preparedness Toolkit to enhance the country's capacity to prepare for future pandemics.



He concluded by emphasizing the importance of such forums for exchanging best practices and exploring concrete interventions beyond the ICPD30 framework. He expressed optimism that through collaborative efforts, countries can accelerate the

implementation and scaling up of successful PHE models, thereby strengthening integration for sustainable development and healthier populations.



Panel discussion

The panel discussion featured an esteemed group of speakers: Honourable, **Dr. Ahmadou Lamin**, Minister of Health of Gambia. **Dr. Sarwar Bari**, Secretary of the Medical Education and Family, Welfare Division, Ministry of Health and Family Welfare (Bangladesh), **Dr. Doreen Ali Namagetsi**, Director of Health, Malawi **Mr. Ken Lwaki**, Assistant Director of Population and National PHE Focal Point, NCPD-Kenya, **Dr. Humphres Evelia**, Executive Director of the Centre for the Study of Adolescence (CSA), Kenya.

During the session, panelists responded to various questions highlighting successful Population, Health, and Environment (PHE) integration programs, emerging opportunities, and key lessons learned across Gambia, Bangladesh, Malawi, and Kenya. Their insights emphasized the role of integrated approaches in improving maternal health and family planning outcomes, strengthening resilience to climate change, and advancing sustainable development



Gambia's Experience on Engaging CSOs and Addressing Integration Challenges

Responding to a question on effective collaboration between government, civil society, and development partners to expand and sustain PHE programs, Dr. Ahmadou Lamin emphasized the crucial linkages between population, health, and the environment. He highlighted that the Government of the Gambia recognizes this interconnectedness, evidenced by the National Population Commission Secretariat being centrally located under the Office of the Vice President to facilitate coordination across sectors. He noted the strong link between health and population, stating that meaningful development is impossible without a healthy populace, as underscored by the COVID-19 pandemic. He reported good progress in health systems strengthening.



The Minister described the relationship between population, health, and the environment as potentially symbiotic or synergistic, emphasizing the negative impacts of adverse environmental factors on human health and nutrition. While acknowledging a current lack of significant integration between the environment and health ministries at the national level, he stated the government's commitment to increased collaboration. He observed a strong emphasis on environmental resilience internationally, sometimes overlooking the crucial health component. He urged greater recognition and resource allocation towards the health sector in this context.

Regarding the role of civil society, the Minister acknowledged their positive impact on community sensitization but cautioned against judgmental and non-neutral approaches, which can hinder collaboration with the government and ultimately impede objective achievement. He noted a decline in the fertility rate as a positive outcome of family planning efforts. However, he also pointed to the challenges posed by increasing urban populations, which strain health facilities and water and sanitation infrastructure. On a positive note, he highlighted the successful establishment of robust clinical waste management systems, including incinerators and central processing areas, to address the burden of waste management associated with population growth.

Addressing the challenges, Gambia has faced in integrating PHE, the Minister described the meeting as a significant learning opportunity, inspiring immediate action upon returning home. He emphasized the importance of motivated leadership in understanding and integrating population, health, and environment for socioeconomic development.

Bangladesh's experience in PHE Integration



Dr. Bari highlighted several impactful initiatives in Bangladesh demonstrating successful integration of PHE approaches. The Government of Bangladesh, with support from development partners, developed the Health National Adaptation Plan (HNAP), which explicitly links the impacts of climate change with maternal health and access to family planning. The HNAP recognizes that climate change poses a serious threat to progress in maternal health and family planning, whether through direct heat stress, disruptions in services, or climate-induced migration.

Another important initiative involves incorporating climate change education into the training curricula for health providers. This aims to raise awareness among care providers about climate-health linkages and improve service delivery.

A notable example of a successful integrated program is the Better Health in Bangladesh (BHB) project, implemented by UNFPA and funded by FCDO between 2022 and 2024. This initiative focused on strengthening health systems and enhancing community engagement to address climate impacts on sexual and reproductive health and rights (SRHR). It included training for healthcare providers (doctors, nurses/midwives, and community health workers) as well as community sessions for women and household counseling for families. These trainings emphasized the relationship between climate change and SRHR and provided practical measures to safeguard maternal health. Field reports indicated that over 80% of households showed increased awareness of climate-linked reproductive health risks.

Bangladesh also has a strong foundation in family planning, with established programs integrating PHE strategies such as community-based distribution of non-clinical contraceptives, house-to-house counseling, and involvement of religious and community leaders. These efforts have improved access to and utilization of family planning services.

In response to climate vulnerability, the government has introduced services such as floating hospitals, mobile health camps, cyclone- and flood-resistant health centers, and solar-powered birthing centers. Maternal health kits are prepositioned in high-risk zones, and trained midwives and CHWs provide emergency support during disasters. Additionally, One Health initiatives that integrate human, animal, and environmental health have been prioritized to foster collaborative and multi-sectoral health outcomes.

Dr. Bari also shared key lessons from Bangladesh's PHE programs including:

- Community-based interventions yield substantial improvements in health outcomes.
- Integrated service delivery is more effective than standalone interventions.
- Public-private partnerships enhance reach and impact.

- Climate change and environmental health must be mainstreamed into health training and service delivery.
- Women's empowerment is crucial for expressing and addressing their health needs.
- Sustainable resource management, especially in water and sanitation, is key to long-term impact.
- Funding mechanisms must recognize the importance of integrating environmental health into broader public health efforts.

Emerging Opportunities for PHE in Malawi



Speaking on behalf of Dr. Solomon Mndolo, Malawi's Health Secretary, Dr. Doreen highlighted key opportunities for scaling up PHE approaches as countries move beyond ICPD30. She noted that Malawi's Vision 2063 and its accompanying 10-year implementation plan provide a strategic framework for the integration of PHE, particularly in promoting human capital development and environmental sustainability.

She emphasized that the decentralization of services to district councils has created space for integrating PHE into local governance structures. She noted that Mangochi and Ntcheu districts are already incorporating environmental considerations into health and development planning processes. Furthermore, Malawi's recent experiences with climate shocks, including Cyclones Freddy, Ana, and Chido, underscore the pressing need for climate resilience programming. PHE offers a valuable approach to resilience building through reforestation, sustainable agriculture, and improved health services.

Dr. Doreen also pointed to the importance of regional collaboration in sustaining PHE efforts. Programs such as the Lake Chilwa Basin Climate Adaptation Program demonstrate the impact of cross-border partnerships. Additionally, partnerships with SADC and global networks provide further avenues for scaling up integrated interventions.

To ensure community ownership and sustainability, she emphasized several approaches including:

- Community-led initiatives, such as the Mulanje Mountain Conservation Trust, which effectively integrate family planning with conservation efforts.
- Training of community health workers, including Health Surveillance Assistants (HSAs), to maintain the continuous delivery of integrated services.
- Participatory planning with district councils and community-based organizations to foster responsive and inclusive PHE programming.

CSA's Insights on the Role of Civil Society's in Advancing PHE In Kenya

Dr. Humphres emphasized the vital role that civil society organizations (CSOs) play in advancing the integration of Population, Health, and Environment (PHE) initiatives across Kenya and the broader region. CSOs are central actors in reaching marginalized populations, particularly adolescents and women living in remote and climate-affected communities by providing tools that empower them to enhance both their resilience and health outcomes. They also champion policy reforms that acknowledge the interdependence of population dynamics, health, and environmental sustainability.



CSOs are actively involved in delivering integrated, youth-friendly services that link sexual and reproductive health and rights (SRHR) with conservation efforts. They also foster multi-sectoral collaboration by forming partnerships with governments and international networks, while holding those in power accountable to their national, subnational, and international obligations. Additionally, CSOs contribute to knowledge generation by conducting research that informs both policy and practice, and they play a critical role in resource mobilization and budget advocacy to ensure the sustainability of integrated interventions.

Despite these contributions, civil society actors face several challenges. These include the absence of reliable data on the cost-effectiveness of integrated programs and weak monitoring and evaluation systems. Policy coordination remains fragmented due to siloed approaches within government institutions. Furthermore, CSOs often contend with inadequate funding and limited technical capacity. Cultural resistance to SRHR and the resulting low community uptake of integrated services pose further barriers. Moreover, the influence of international frameworks on national budget allocations is often limited when such commitments are non-binding.

Nevertheless, there are notable opportunities to strengthen PHE advocacy. Global and regional policy frameworks like the Sustainable Development Goals (SDGs), the African Union's Agenda 2063, and Kenya's Climate Change Act provide valuable policy entry points. Increasing awareness of the linkages between climate and health, as well as platforms such as PHE Technical Working Groups and Climate Change Committees, offer avenues for improved coordination and advocacy. Additionally, digital innovations are creating new opportunities for engagement and service delivery, while growing community willingness to participate lays a strong foundation for long-term, sustainable impact.

Kenya's Experience in PHE Integration



Mr. Lwaki shared compelling examples of successful integration of Population, Health, and Environment (PHE) programs in Kenya. One such initiative was the **Afya Uzazi Project (2016–2021)**, funded by USAID and implemented by FHI360 in Baringo and Nakuru Counties. This program integrated family planning (FP), reproductive, maternal, new-born, child, and adolescent health (RMNCAH), nutrition, and water, sanitation, and hygiene (WASH) interventions. The project achieved notable results, including the planting of **2.5 million trees**, the construction of **latrines in 1,902 households**, support for **rainwater harvesting in 10,718 households**, and the

provision of **FP services to 244,151 clients**, with new FP acceptors increasing from **26.2% to 43.2%**.

Another successful example was the **Hope-LVB Project (2011–2017)**, implemented by Pathfinder Kenya with support from the Packard Foundation and USAID. This project focused on improving sexual and reproductive health (SRH) service uptake, reducing pressure on the environment, and promoting sustainable fishing and hygiene practices. Within the first year, the number of new FP users rose from **102 at baseline to 485**, and there were significant improvements in community health behaviors.

Additionally, the **PHE Model Households (MHHs)** initiative in **Homa Bay County**, supported by UNFPA under the 9th Country Programme (2018–2022), mapped over **400 model households** and provided **water tanks to 19 homes** and a **resource center**. To qualify as a model household, families were required to demonstrate practices such as the use of family planning, health facility deliveries, full immunization for children, adoption of energy-efficient stoves, kitchen gardening, and access to clean water.

Key lessons from Kenya's PHE integration experience include the effectiveness and affordability of **community-based approaches** centered around MHHs, PHE champions, and community health workers (CHWs). **Simple but impactful interventions**, such as outdoor dish racks and handwashing stations, were highlighted. **Early and continuous community engagement** was found to be critical in ensuring program ownership and sustainability. The importance of **multi-actor collaboration** in bringing together diverse resources and expertise was also emphasized. Moreover, **flexibility in project design** allowed adaptation to climate and health emergencies, while **building local capacity** and engaging **youth**, such as through the Kenya PHE Youth Alliance were recognized as essential for long-term impact.

Financing for PHE

In response to a common question of how to ensure sustained and innovative financing for PHE Programs, panelists emphasized the importance of diversified and sustainable financing to maximize the impact of PHE (Population, Health, and Environment) programs. A central recommendation was the mobilization of domestic resources through integration of PHE into national development frameworks, climate adaptation strategies, and sectoral plans such as Malawi's Health Sector Strategic Plan (HSSP III) and the National Health Financing Strategy. Mainstreaming PHE into national and county budgets, and ensuring dedicated funding lines, was seen as key to reducing overreliance on donor support and securing long-term government investment.

Innovative and blended financing models were repeatedly highlighted. These include leveraging public-private partnerships (PPPs), and encouraging private sector participation in climate-resilient health and sustainable agriculture. Green bonds, carbon credits, and impact investing were cited as transformative funding tools, while insurance companies could be engaged to incorporate climate-health risks into coverage. Additionally, structured blended finance linking health, environmental, and development outcomes can attract varied stakeholders and enhance program resilience.

Panelists underscored the need to align PHE initiatives with climate and health financing, tapping into mechanisms like the Green Climate Fund (GCF) and other global and regional donor streams. Development partners, and the Global Environment Facility (GEF) remain instrumental, and ongoing advocacy is needed to ensure PHE priorities are embedded in their funding strategies.

At the local level, expanding community-driven financing mechanisms such as microfinance, social enterprises, and savings groups was proposed as a means of promoting sustainability and ownership. Empowering local governments to structure county-level climate and health funds in support of integrated PHE programming was also emphasized.

Finally, panelists stressed the importance of evidence, based advocacy and accountability in mobilizing financing. Demonstrating the long-term benefits of PHE such as improved health outcomes, poverty reduction, and environmental sustainability can attract broader support. Legal entrenchment of PHE in national and subnational policies, coupled with the promotion of strong community values around population health and environmental stewardship, is essential for lasting impact.

7.2 Side event on the Role of Private Sector, Innovation and Technology in Bridging the Gap in Maternal Health and Ensuring We Leave No One Behind

On April 10, 2025, during the 58th Session of the Commission on Population and Development (CPD58), Kenya delegation participated in a side event titled "The Role of the Private Sector, Innovation, and Technology in Bridging the Gap in Maternal Health

and Ensuring-We Leave No One Behind" that was co-hosted by UNFPA, Finland, and Mexico. The event focused on reproductive health, strategic partnerships, best practices, and the potential of an integrated approach to improve maternal health outcomes. Kenya's participation in the side event underscored its desire to leverage private sector partnerships, innovation, and technology to improve maternal health outcomes. Through strategic collaborations and community-focused initiatives, the country aims to ensure that no one is left behind in accessing quality maternal healthcare services.

7.3 Side Event on Advancing Health and Well-being in a World of Demographic Change

The Kenya delegation participated in a side event that was organized at the sidelines of the CPD58 on 9th April, 2025, at the United Nations Headquarters in New York. The event titled *"Advancing Health and Well-being in a World of Demographic Change"* was co-hosted by the republic of Moldova and the United Nations Population Fund (UNFPA). The objective of the event was to explore how countries can effectively respond to demographic shifts by strengthening health systems, promoting intergenerational inclusion, and ensuring well-being for people of all ages.

It was moderated by Mr. Heidi Obermeyer, Policy Specialist on Population and Development at UNFPA and featured high-level speakers including Alexei Buzu, Minister of Labour and Social Protection of the Republic of Moldova; Nigina Abaszada, UNFPA Resident Representative in Moldova; Florence Bauer, UNFPA Regional Director for Eastern Europe and Central Asia; and Claudia Mahler, UN Independent Expert on the Enjoyment of All Human Rights by Older Persons.

Key highlights from the event included strong advocacy for the integration of demographic insights into national health and development policies, and the importance of using quality data to inform policy decisions. The discussions also emphasized the need to strengthen intergenerational solidarity, support active aging, and ensure that older persons are recognized as active contributors to society. Moldova's experience was presented as a leading example of a country adopting comprehensive, rights-based, and people-centered approaches to address demographic change.

The event concluded with a call for global collaboration in advancing inclusive policies that enhance health and well-being in the context of demographic transformation.

8 Key Outcomes from the CPD58

Kenya's participation at CPD58 resulted in the following outcomes:

- i. Kenya reiterated and re-affirmed its commitment to forge on with implementation of the 1994 ICPD PoA and the Nairobi summit on ICPD25 country commitments.
- ii. Kenya's position as a regional leader in integrating of population issues into sustainable development and planning efforts was acknowledged through the PHE side event that was hosted by the Kenya delegation.
- iii. Kenya's visibility and leadership recognized during various sessions through involvement of Kenya through Dr. Mohamed Sheikh as a panellist during the high-level Expert panel on the work of the Population programme as well as his nomination to serve on the Steering Group of Women X Collective. This is a ground-breaking initiative aimed at transforming women's health worldwide.
- iv. Through the various formal and informal bilateral meetings, that the delegation was involved in, new and existing partnerships with international organizations and bilateral partners were enhanced, paving the way for future technical and financial collaboration on various facets.

8.1 Lessons learned

- Active preparation and participation, including the development of a strong country position paper, significantly enhances the effectiveness of national delegations at global forums.
- Strategic engagement in side events and bilateral meetings provides critical opportunities for influencing global discussions and forming partnerships.
- Cross-sectoral collaboration among government, civil society, and development partners is key to articulating a comprehensive national perspective.

8.2 Recommendations

To enhance future participation and maximize the benefits from global forums like the CPD:

- The need for joint collaboration between Kenyan focal points of CPD58, CSW and CSocD63 in the preparations for the 2nd World Summit on Social Development (WSSD2) to incorporate discussions from the three recent global events
- Early planning and resource mobilisation is required to address the issue of limited resources to facilitate the Kenya delegation. Discussions to be held with UNFPA and

other development partners on allocation of adequate funds to support this key annual event.

- There is need to ensure a balanced and multi-sectoral delegation to provide expertise across key thematic areas.
- The need to systematically document lessons learned and agreements from engagements for effective follow-up and implementation.
- Strengthen the capacity of delegates on global negotiation processes and advocacy to strengthen Kenya's influence at international platforms.

Annexes

Annex 1: Kenya Country statement



REPUBLIC OF KENYA

STATEMENT

BY

DR. MOHAMED A. SHEIKH

DIRECTOR GENERAL

NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT

**STATE DEPARTMENT FOR ECONOMIC PLANNING, THE NATIONAL TREASURY
AND ECONOMIC PLANNING**

ON

**AGENDA ITEM 3 (b) GENERAL DEBATE ON ENSURING HEALTHY LIVES AND
PROMOTING WELL-BEING FOR ALL AT ALL AGES.**

DURING

**THE 58TH SESSION OF THE COMMISSION ON POPULATION AND
DEVELOPMENT**

AT

UN HEADQUARTERS-NEW YORK USA

FROM 7TH APRIL– 11TH APRIL 2025

Chairperson

1. I commend you and the Bureau for your leadership in preparation of this fifty-eighth session of the Commission on Population and Development.

Chairperson

2. The Government of Kenya reaffirms its unwavering commitment to the principles and objectives outlined in the 1994 International Conference on Population and development (ICPD) programme of action as well as the ICPD25 Nairobi Summit commitments.
3. Kenya remains firmly committed to improving the quality of life for all citizens by ensuring equitable, accessible, affordable and quality health care as enshrined in the Constitution of Kenya (2010). The government is advancing **Universal Health Coverage (UHC)**, through strategic national and county-level collaborations notably under the flagship, "Afya Bora Mashinani" initiative and the Kenya Vision 2030 health sector projects outlined in the Fourth Medium Term Plan (2023 -2027).
4. Kenya has redesigned its UHC strategy under the, "Taifa Care" initiative and, **Primary Health Care (PHC)** to enhance healthcare access, especially for vulnerable populations, focusing on preventive, promotive, curative, and rehabilitative care. A key achievement is the deployment of over 107,000 Community Health Promoters (CHPs) who provide essential household-level health services.

Chairperson

5. In improving **Reproductive, Maternal, New born, Child and Adolescent Health** (RMNCAH), Kenya has made significant progress, driven by enhanced policies, service delivery and awareness campaigns which have led to notable milestones including:

- a) Improvements in the use of modern contraceptive methods among married women from 27% in 1993 to 57% in 2022 contributing to a decline in Total Fertility Rate (TFR) from 5.4 births per woman to 3.4 over the same period.
- b) The proportion of women with an unmet need for family planning has decreased significantly from 27% in 2003 to 14% in 2022.
- c) Skilled birth attendance rose from 43% in 1993 to 89% in 2022 contributing to a decline in Maternal Mortality Ratio (MMR) from 590 deaths per 100,000 live births in 1998 to 355 in 2019.
- d) A drop in Infant Mortality Rate (IMR) and Under Five Mortality from 61 deaths per 1,000 live births to 32 and 90 to 41 between 1989 and 2022.
- e) A notable decline in Teenage pregnancy from 21% in 1993 to 15% in 2022.

Chairperson

- 6. In regard to **infectious and communicable diseases**, notable strides have been registered in addressing Malaria, TB and HIV/AIDs, to mention just a few:
 - a) HIV prevalence declined from 6.04% in 2013 to 3.3% 2023, with the country on track to surpass the global 95-95-95 targets, achieving 95% awareness among people living with HIV, 97% on antiretroviral therapy (ART) and 94% viral suppression.
 - b) Efforts in TB control have led to the country's transition from the global high-burden TB list after achieving a 20% reduction in TB incidence by 2021, while TB deaths declined from 1.6 million in 2021 to 1.3 million in 2022.
 - c) There has been a notable reduction in malaria prevalence from 11% in 2010 to 5.6% in 2020, alongside a decline in malaria incidence from 113 per 1,000 population, in 2016 to 83 in 2021, and a drop in inpatient malaria deaths from 2.2 per 100,000 population in 2019 to 1.5 in 2023.

Chairperson

7. Relating to Non-Communicable Diseases (NCDs), Kenya is undergoing an epidemiological transition, with NCDs becoming a major public health concern. The government is committed to reducing premature NCD-related mortality by 25% by 2025. Significant progress has been made in expanding access to diagnostics and treatment with 81% of facilities now offering management for diabetes, hypertension, cancers, and chronic respiratory diseases.
8. On mental health, the government has established functional mental health referral units in county and sub-county hospitals, with 17% of all health facilities offering some level of mental health services and 45% of Level four hospitals offering specialized mental health care.

Chairperson

9. While progress has been made, challenges persist, including regional disparities in health access, limited financing, rising non-communicable diseases, and the need for more resilient health systems amid climate change and emerging health threats.
10. Kenya is committed to strengthening **bilateral and multilateral partnerships** with other countries through North-South, South-South and Triangular Collaboration and we invite other partners to join in these efforts as we plan ahead. We welcome the action-oriented outcome which should build up to the 2025 Second World Summit for Social Development.

I, Thank you.

Annex 2: Kenya DG's Key Note Speech on PHE Side Event



REPUBLIC OF KENYA

**WELCOME AND KEY NOTE SPEECH BY
DR. MOHAMED SHEIKH, DIRECTOR GENERAL NATIONAL COUNCIL FOR
POPULATION AND DEVELOPMENT**

DURING

**KENYA SIDE EVENT ON, "INTEGRATING POPULATION, HEALTH AND
ENVIRONMENT (PHE): A CATALYST FOR ENSURING HEALTHY LIVES AND
WELL-BEING FOR ALL"**

**THE 58TH SESSION ON THE COMMISSION ON POPULATION AND
DEVELOPMENT (CPD)
NEW YORK, USA, 7-11 APRIL 2025**

13:15 to 14:30 / 8TH APRIL 2025

CONFERENCE ROOM 12 (UNHQ)

Dr. Ahmadou Lamin, Minister of Health of the Government of Gambia,

Mr. Shelton Kanyanda, Commissioner of National Statistics Office, Government of Malawi

Dr. Sarwar Bari, Secretary Medical Education and Family Welfare Division Ministry of Health and Family Welfare, Government of Bangladesh

Mr. John Wilmoth, Director of the UN Population Division

Dr. Doreen Namagetsi Ali, Director of Health, Government of Malawi

Dr. Humphres Evelia, Executive Director, Centre for Study of Adolescence

Distinguished delegates representing various governments and interest groups,

All protocols observed

Ladies and gentlemen

1. On behalf of the Government of Kenya, I am sincerely honored to welcome you all to this important event focused on, "Integrating Population, Health, and Environment (PHE) as a catalyst for ensuring healthy lives and well-being for all."
2. The Government of Kenya is grateful to our co-hosts; UNFPA Kenya, the Centre for the Study of Adolescence, Kenya, Malawi Government, African Institute for Development Policy and Partners in Population and Development for their collaboration in making this historic side event possible.
3. This event strongly resonates with the ongoing CPD58 session and aligns with the ICPD Programme of Action and the aspirations of the 2030 Agenda for Sustainable Development, which underscores the need to address the intricate linkages between population, health, environment and sustainable development strategies to improve quality of life and ensure a healthier future for all.
4. This event brings together country-level experiences from Kenya, Malawi, Gambia, and Bangladesh, showcasing best practices and lessons learned in implementing PHE approaches. Through these country' experiences, we aim to foster knowledge

exchange and strengthen collaborative efforts in advancing integrated development solutions

5. This coming together reflects our shared commitment to advancing the ICPD Programme of Action and resonates deeply with the broader objectives of CPD58 and especially the need to adopt integrated and sustainable approaches to development that leaves no one bind.

Ladies and gentlemen,

6. PHE integration is a growing programmatic approach to human development and environmental conservation; one that explicitly recognizes that people and communities are inextricably linked to the ecosystem in which they live. By attempting to integrate multisector interventions into a single, holistic program, PHE programs seek to simultaneously improve the health of people and the environment the interlinkages between human health, population dynamics, environmental sustainability, and socio-economic development.
7. It is not just a programmatic innovation but it is a people-centered and planet-sensitive approach because it speaks to core human needs such as access to reproductive health services, gender equity, healthy ecosystems, resilient livelihoods, food security, among others.
8. In Kenya, the national PHE programme is coordinated by the National Council for Population and Development (NCPD) through a Network of PHE actors, PHE Technical Working Groups at the county level, and a PHE Policy Steering Committee at the national level. These structures provide a coordinated platform for dialogue, policy formulation, and strategic interventions that enhance the implementation of the PHE model in Kenya.

Ladies and gentlemen,

9. With this institutional backing, Kenya has made significant strides in integrating PHE approaches, including:

- i. Strengthening policy and institutional frameworks through the development of two PHE strategic plans (2018-2022 and 2023-2027) and PHE policy guidelines that establish standardized practices for PHE integration and models
- ii. Mainstreaming PHE integration into Kenya's Vision 2030 Medium-Term Plans, ensuring that sustainable development goals remain at the core of national planning.
- iii. Building capacity of PHE networks, equipping stakeholders with the necessary skills and knowledge to implement integrated PHE activities.
- iv. Advocating for and raising awareness on PHE, ensuring that both policymakers and communities appreciate the importance of PHE holistic approaches to development.
- v. Mobilizing resources from partners to support sustainable PHE interventions, ensuring long-term impact and scalability of successful initiatives.
- vi. Documenting Documented successful models like the *Afya Uzazi project in Nakuru and Baringo*, the *Il'Ngwesi ranch project in Laikipia*, and SRHR-PHE integrations in *Siaya, Kisumu, and Lamu*.

Ladies and Gentlemen,

10. While significant progress has been made, some challenges still persist in fully implementing PHE approaches. The absence of a robust Monitoring and Evaluation (M&E) system makes it a challenge to track PHE programming and assess its impact effectively. Additionally, insufficient funding hampers the expansion of successful PHE interventions, limiting their reach to more regions and communities. Addressing these challenges is crucial for scaling up integrated PHE solutions and ensuring long-term sustainability.

Ladies and gentlemen,

11. In conclusion, it is therefore essential to establish an integrated M&E system to enhance evidence generation and decision-making. Additionally, institutionalizing PHE through a national policy framework will ensure its integration into Kenya's development agenda. Finally, positioning NCPD as a Centre of Excellence on

Population and Development will not only enhance regional leadership but also serve as a knowledge hub for best practices, policy innovation, and capacity building, driving sustainable and integrated development solutions across Africa.

12. Let us embark on this important conversation together by championing PHE as transformative development tool that secures healthier people and healthier planet for future generations.

13. With that, I invite all of you to engage actively in the discussions, share your insights and join hands in advancing integrated development solutions that truly leave no one behind.

Thank you

Annex 3: Agenda

Side Event at the 58th Session of the United Nations Commission on Population and Development at UN HQs in New York, USA

TOPIC

Integrating Population, Health and Environment (PHE): A catalyst for healthy lives and well-being for all (Country level best practices)

Date: Tuesday 8th April, 2025

Time: 13:15 to 14:30 (EST)

Venue: Conference Room 12, the United Nations Building

Host

National Council for Population and Development (NCPD), Government of Kenya

Co-hosts

1. United Nations Population Fund (UNFPA), Kenya.
2. Government of Malawi
3. Centre for the Study of Adolescence (CSA), Kenya.
4. African Institute of Development Policy (AFIDEP), Malawi.
5. Partners in Population and Development (PPD)

AGENDA

Moderator: Ms. Irene Muhunzu, Assistant Director, National Council for Population and Development (NCPD-Kenya)

13:15-13:20_ Introduction and objectives (5 mins)

OPENING CEREMONY

13:20-13:25 Welcome remarks and key address speech (5 min)

1. **Dr. Mohamed Sheikh**, Director General, National Council for Population and Development (NCPD_Kenya)

13:25-13:35_ Opening Remarks (5 mins each, 10 mins total)

2. **Mr. Shelton Kanyanda**, the Commissioner of Statistics, Government of Malawi.
3. **Mr. John Wilmoth**, Director of the UN Population Division (PD)

13:35-13:45_ PHE documentary (10 mins total)

13:45-14:20_ Panel discussion (35 mins).

1. **Dr. Ahmadou Lamin**, Minister of Health (Gambia)

2. **Dr. Md. Sarwar Bari**, Secretary Medical Education and Family Welfare Division
Ministry of Health and Family Welfare (Bangladesh)
3. **Dr. Doreen Namagetsi Ali**, Director of Health, Government of Malawi
4. **Dr. Humphres Evelia**, Executive Director, Centre for Study of Adolescence (CSA-
Kenya)
5. **Mr. Ken Lwaki**, Assistant Director, National Council for Population and Development
(NCPD-Kenya)

14:20-14:25_Q&A (5 mins)

14:25-14:30_ Summary/conclusion (5 mins)

Annex 4: Members of planning/organizing committee

	Name	Organisation/Country
1.	Dr. Mohamed Sheikh	NCPD (Kenya)
2.	Dr. Humphres Evelia	CSA (Kenya)
3.	Dr. Zulu Eliya	AFIDEP (Malawi)
4.	Dr. Richard Kajombo	State Department for Planning (Malawi)
5.	Dr. Rukia Nzibo	CSA (Kenya)
6.	Mr. Mugarwa Patrick	PPD (Bangladesh)
7.	Ms. Fidelis Ndungú	NCPD (Kenya)
8.	Ms. Judy Saina	State Department for Foreign Affairs (Kenya)
9.	Mr. Ronny Mutethia	Kenya Mission to the UN (New York)
10.	Ms. Violet Mecha	Kenya Mission to the UN (New York)
11.	Mr. Ezekiel Ngure	UNFPA (Kenya)
12.	Ms. Nurudeen Alhassan	AFIDEP (Malawi)
13.	Ms. Charlotte Chisoni	AFIDEP (Malawi)
14.	Ms. Grace Banda	AFIDEP (Malawi)
15.	Ms. Stephanie Mkalama	CSA (Kenya)
16.	Ms. Sawaina Ziporah	NCPD (Kenya)
17.	Ms. Irene Muhunzu	NCPD (Kenya)
18.	Mr. Ken Lwaki	NCPD (Kenya)

58TH

SESSION OF THE UNITED NATIONS COMMISSION ON POPULATION AND DEVELOPMENT

SIDE EVENT

**Integrating Population,
Health and Environment (PHE):
A Catalyst for Healthy Lives
and Wellbeing for All
(Country Level Best Practices)**



8 April 2025, 13:15 to 14:30 pm E.S.T

**Conference Room 12, the United
Nations Building, New York, US**

SPEAKERS

Keynote

Dr. Mohamed Sheikh, Director General, National Council for Population and Development (NCPD), Kenya.

Dr Eliya Zulu, Executive Director, African Institute for Development Policy (AFIDEP), Malawi
(The Role of Population, Health, and Environment (PHE) Integration in Achieving Sustainable Development)

Opening Session

Mr Patrick Mugirwa
Officer in Charge,
Partners in Population and
Development (PPD)

Mr John Wilmoth
Director of the UN
Population Division
(UNDESA)

Mr Patrick Zimpita
Principal Secretary for
Economic Planning and
Development, Malawi

H.E. Ekitela Lokaale,
Permanent Representative of
Kenya to the United Nations

Panelists

Dr Ahmadou Lamin
Minister of Health,
Gambia

Dr Samson Ndolo
Secretary of Health,
Malawi

Dr Md. Sarwar Bari
Secretary Medical Education
and Family Welfare Division
Ministry of Health and Family
Welfare, Bangladesh

Dr Humphres Evelia
Executive Director, Centre
for Study of Adolescence
(CSA), Kenya

Mr. Ken Lwaki
Assistant Director,
National Council for
Population and
Development (NCPD-
Kenya)

Moderator: Ms. Irene Muhunzu, Assistant Director, National Council for Population and Development (NCPD-Kenya)

